



MID-CUMBERLAND  
COMMUNITY ACTION AGENCY  
*Helping people. Changing lives.*

TEFAP COMMODITY APPLICATION & AUTHORIZED REPRESENTATIVE SELECTION

Applicant's Name: \_\_\_\_\_ # of individuals in Household: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ TN \_\_\_\_\_

You must self-declare your income or show proof of participation in a means-tested program. Please enter monthly gross household income below **or** provide documentation of eligibility for one of the means-tested programs listed below. You do not need to do both.

Monthly Gross Household income: \$ \_\_\_\_\_

**Or**

Proof of participation (circle selection): \_\_\_\_\_ MCCA Staff initial if documentation viewed \_\_\_\_\_  
SNAP (Food Stamps)  
TANF  
SSI (Supplemental Security Income)  
LIHEAP (Low-Income Energy Assistance Program) PH  
(Public Housing)

I certify with my signature that my monthly gross household income is true and correct, my household resides in Tennessee, and that I have not previously participated in the TEFAP Program this month. This form is being completed in connection with the receipt of Federal assistance. The USDA foods I receive may not be sold, exchanged, or used inappropriately.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. This institution is an equal opportunity provider.*

**TO BE COMPLETED ONLY IF SOMEONE ELSE WILL BE PICKING UP YOUR COMMODITIES**

By signing below I am authorizing the following individual to pick up my Commodities:

Authorized Representative: \_\_\_\_\_

This individual should be allowed to pick up  
one-time When? \_\_\_\_\_  
on-going

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY MCCA STAFF**

MCCA Staff verified applicant is  eligible  denied. PY 22 Eligibility 10/01/21-09/30/22

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_